



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES.
SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. <u>137127</u>	
2. Type of Filing a. <input checked="" type="checkbox"/> Original OR b. <input type="checkbox"/> Amendment to Item(s)# c. Date Change(s) Took Place	
3. Full Name Of Committee (must include candidate's first and last name) <u>CITIZENS TO ELECT MARK FRANCIS KNOWLES</u>	
4. Candidate Last Name <u>KNOWLES</u> First Name <u>MARK</u> M.I. <u>F</u>	
4a. County of Residence <u>MACOMB</u> 4b. Political Party (If applicable) <u>DEMOCRAT</u>	
4c. Office Sought: (Check one) <input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents-UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
4d. District # or Jurisdiction _____ <input checked="" type="checkbox"/> Local or Other (Please Specify <u>SUPERVISOR, HARRISON TWP</u>)	
5. Date Committee Was Formed <u>7/1/02</u> (Mo/Day/Yr)	6. Committee Area Code and Phone Number <u>586 790 5865</u>
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>24716 COTTRELL</u> <u>HARRISON TWP MI</u> <u>48045</u>	7a. Committee Street Address (May not be P. O. Box) <u>24716 COTTRELL</u> <u>HARRISON TWP MI</u> <u>48045</u>
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) <u>KNOWLES, MARK, F</u> <u>24716 COTTRELL HARRISON TWP</u> Area Code and Phone <u>MI</u> <u>586 790 5865</u> <u>48045</u>	9. <u>Designated Record keeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. <u>MARK KNOWLES</u> Area Code and Phone <u>586 790 5865</u>
10. <input type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
11. Names and Addresses of depositories or intended depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) 11a. Official Depository: <u>5TH THIRD BANK</u> <u>36291 HARPER CLINTON, TWP MI</u> 11b. Secondary Depository:	12. This item applies only to a Gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current Treasurer <u>MARK KNOWLES</u> Type or Print Name	<u>[Signature]</u> Signature
Candidate <u>MARK KNOWLES</u> Type or Print Name	<u>[Signature]</u> Signature
Date <u>7/1/02</u> Mo. Day Year	Date <u>7/1/02</u> Mo. Day Year